

# DENTAL PLANS COMPARED

Features	United Concordia	Employers Dental Services
Annual Calendar Year Maximum per person	\$2,000	None
Orthodontic Service	Diagnostic, active and retention treatment 50% coinsurance Adults and Child \$3,000 Lifetime Orthodontic Maximum effective for treatment plans beginning on or after Jan. 1, 2005; lifetime maximum will be coordinated with prior group insurance carrier; continuing services previously covered under a pre-paid dental plan will not be covered.	25% discount on all orthodontic services Metal banding, invisible braces, and Invisalign braces are covered Appliances such as expanders, reverse headgear, Herbst, Pendulum, Nance, Tongue Crib, Jaspers, Sagittal, and Schwartz Prices on which the discount is calculated may vary by orthodontist
Provider Network Access	In-Network (participating) and Out-of-Network, (non-participating) providers both available	Must use EDS contracted dentists
Deductible	\$50 per person/\$100 per family (waived for diagnostic, preventive and orthodontic services)	None
Class I (Diagnostic and Preventive Services)	100% coverage for Diagnostic, Preventive, and Palliative Services Routine Oral Exams/ cleanings (twice/year) X-rays (limits apply) Sealants of permanent molars (through age 15) Fluoride (twice per year through age 18)  In-network 100% of maximum allowable charge Out-of-network 80% of maximum allowable charge*	Diagnostic and Preventive Services (at general dentist): Office visit/\$3 Routine Oral Exam - \$0 Cleaning - \$0 Oral exam - \$0 X-rays - \$0 Sealants -\$12 per tooth Fluoride - \$0 Emergency Services - up to \$200 reimbursement less applicable copayment(s)
Class II (Basic Restoration Services)	Basic Services 80% coverage Fillings (amalgam on posterior teeth) Oral Surgery Endodontics Periodontics Repair of denture and bridgework Simple extractions Complex Oral Surgery General Anesthesia  In-network 80% of maximum allowable charge Out-of-network 60% of maximum allowable charge*	Basic Services (at general dentist): Fillings (amalgam) \$8 - \$21 copayment Fillings (resin) \$22 - \$40 copayment Oral Surgery: from \$35 copayment Endodontics: root canal \$170 - \$265 copayment Periodontics: debridement \$80 copayment; Scaling and root planing/quadrant \$90 copayment
Class III (Major Services)	Major Restorative 50% coverage Inlays, Onlays, Crowns Partial or complete dentures Fixed bridges  In-Network 50% of maximum allowable charge Out-of-network 50% of maximum allowable charge*	Major Restorative (at general dentist): Crown porcelain w/metal \$250 copayment + lab fee Complete dentures upper or lower \$325 copayment for each + lab fee Partial dentures upper or lower (resin base) \$375 copayment for each + lab fee Bridge per pontic \$250 copayment + lab fee

*\*If the non-participating out-of-network dentist charges more than the maximum allowable charge, you are liable for the difference between the MAC and the billed amount, in addition to your deductible and coinsurance.*